

**CEDAR COUNTY COMMUNITY SERVICE AND
GENERAL ASSISTANCE**

Courthouse
400 Cedar Street
Tipton, Iowa 52772-1750
563.886.1726

Appointments are required to process paperwork!

Please bring the following to your appointment: (Your request for assistance cannot be processed without this information.)

- Identification (preferably a picture ID or driver's license) and social security card. Also, birth dates and social security numbers for each person living in the household.
- Written proof of income including:
 - Social Security and any other pensions
 - Alimony
 - "Odd Jobs" for cash
 - FIP
 - Work check stubs
 - College tuition/loans/expenses and proof of enrollment
 - Child support
 - Babysitting
 - SNAP
 - Other (i.e. Parents, siblings, friends)
- Eligibility for General Assistance is **based on the last four (4) weeks household income** at the date of your interview **PLUS** any FIP grant for the current month. Bring **written** proof of the past four (4) weeks income received by each household member age 18 and older. Proof of any child support received on behalf of minor children/disabled adult dependents will be required as well.
- A copy of your last year's tax statement. If self-employed, also bring records for the previous and current months.
- Bank statements of any checking or savings account(s) from the previous month, and written proof of any resources such as: Certificate of Deposits, Individual Retirement Accounts, stocks and bonds, and their current value for each member of the household.
- A **Third Party Verification Form** (form is attached). It must be completed and signed by someone other than a roommate or landlord.
- Information of other counties in Iowa in which you lived.
- Written documentation of application for **Social Security Disability**, if applicable.

- Written proof of registration and job hunt record for **Iowa Work Force Development** for each **unemployed member of the household 18 years of age and older**. Each adult member of the household who is unemployed must show effort of finding employment.
 - Are employed 20 hours or more a week.
 - Are totally unable to work as documented by a doctor's "Report of Incapacity".
- Written verification of having applied for, or proof that you are receiving, food stamps. If you have young children, you must also apply for FIP and Title XIX. **Failure to do so will result in denial of general assistance.**
 - Department of Human Services by appointment only at:
315 Iowa Ave
Muscatine, IA 52761
877-272-0614

Rental Assistance: If you are requesting rental assistance, have the landlord or property owner fill out and sign a rental assistance form that is attached. Bring the completed form with you for your appointment. No assistance with lot rent is available, it is considered to be part of your homeowner's responsibility. No mortgage assistance is available. *No rental deposits can be paid.*

Utility Assistance: If you are applying for utility assistance, please bring the entire utility bill with a due date falling within the month of assistance for which you are applying. The bill **must be in your name**. It must show that you have made at least 1 month of payment on the bill. If the utility is shut off, we are unable to pay the current bill unless proof is provided that the remainder of the bill will be covered and the utility can be restored. *No utility deposits can be paid.*

The limit of assistance: The total assistance provided for rent, utilities, food and nonfood items combined shall be limited to a **maximum of two (2) consecutive months in a 12 month period.**

Repayment agreement: All applicants shall agree to repayment to the extent possible prior to receiving assistance.

NOTE: You are not eligible for general assistance in Cedar county if:

- You are applying on your own and are under the age of 18.
- You do not live meet the residency requirements in Cedar County.
- You or a member of your household is on a **Limited Benefit Plan (LBP)** with the Department of Human Services (DHS).
- You fail to comply with other available services.
- Your resources exceed the Cedar County guidelines.
- You do not provide the required information.

APPLICATION FOR ASSISTANCE

Cedar County Community Services and General Assistance
 Courthouse
 400 Cedar Street
 Tipton, Iowa 52772-1750
 563.886.1726

Date of application: _____

Reason for application: _____

Name: _____

Street address: _____ City: _____ Zip: _____

How long at this address: _____ Telephone: _____

Previous address: _____ City: _____

How long at previous address: _____

Have you received assistance from this office? _____ When? _____

For what reason? _____

Date of military service: _____ Branch: _____

Type of discharge: _____ Pension/Retirement: \$ _____

Marital Status: _____

List everyone living in the household. Include Social Security numbers for all.

<i>Name</i>	<i>Date of Birth</i>	<i>Education</i>	<i>Occupation</i>	<i>Social Security Number</i>

List assistance your household is receiving (FIP, food stamps, WIC, etc.) Provide award letter from DHS.

<i>Name</i>	<i>Amount</i>	<i>Frequency</i>

List all income for everyone living in the household age 18 and older: **Provide pay stubs or statement from employer, award letter from Social Security/pension/retirement annuity, etc.**

Name	Employer Address	Dates of Employment	SS/SSI/Annuity	Monthly Income

If unemployed, have you and each household member 18 years of age and older registered with Work Force Development and are actively seeking work? ___Yes ___No

If unable to work, please explain why:

If unable to work due to medical reasons, a statement from your doctor will be requested. Name and address of doctor for certification:

List all assets held by each member of your household. Assets include checking and savings accounts, stocks/bonds/CDs whole life insurance, etc:

<i>Type</i>	<i>Bank Name</i>	<i>Bank Address</i>	<i>Account#</i>	<i>Value</i>

Do you: Rent ___ Own ___ Purchasing ___

If renting, how many bedrooms are there: _____

Current Landlord: _____ Phone: _____

Landlord's Address: _____ City: _____ Zip: _____

Rental Amount: _____ House Payment: _____ Home Value: _____

Real Estate Owned Other Than Home: _____ Value: _____

Location of Real Estate: _____

Automobiles Owned:

<i>Year</i>	<i>Make/Model</i>	<i>Balance Owed</i>	<i>Payment</i>	<i>Paid To:</i>

Average Utilities Costs:

<i>Utility</i>	<i>Monthly Bill</i>
Gas	
Oil/LP	
Electricity	
Water/Sewer	

Insurance Payments: (Includes car insurance, life/health, Medicare, etc.)

<i>Type of Insurance</i>	<i>Monthly Payment</i>

Charge Cards and Loan Payments: (If no debts, state "none")

<i>Name</i>	<i>Balance Owed</i>	<i>Monthly Payment</i>	<i>Purpose</i>

Emergency Contact: _____ Relationship: _____

Address: _____ Phone: _____

Cedar County requests repayment of assistance received. Do you agree to repay the County General Assistance Fund for assistance that you receive? ___ Yes ___ No

If no, please explain: _____

If you elect to repay the assistance and fail to do so, you are ineligible for assistance for 2 years.

Please read and sign below:

Financial coverage for medical assistance will be for only that requested in this application. Prior approval for other treatment must go through this office before treatment is received or it will not be paid by Cedar County (unless in an emergency case which must be verified by a doctor.)

Application Certification Statement: I understand that I assume full responsibility for the accuracy of the statements on this form. I understand the Cedar County General Assistance Department will use these statements to determine my eligibility for assistance.

I am aware that the information I have given may be verified and investigated. I hereby authorize all persons (doctors, employers, Department of Human Services [DHS], other Relief or banks, etc.) to release confidential information concerning my personal situation to the Cedar County Community Services if it deems such information necessary. I also give permission to share my information with agencies that may be able to assist in anyway regarding my situation.

Signature of Applicant/Guardian

General Assistance Administrator

Date

Date

THIRD PARTY VERIFICATION FORM

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Courtthouse
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We need verification of applicant's address and financial situation from a friend, relative or any agency other than the landlord.

(Name of person applying for assistance)

I verify that the person applying lives at:

(Street Address) (City) (Zip)

I have known this person for: ____ Years ____ Months ____ Days/Weeks ____ All their life

Person's Previous Address (If less than one year at present address):

(Street Address) (City) (Zip)

To my knowledge, the person seeking assistance:

____ Has no income
____ Has income, Please specify source of income: _____

Indicate how the applicant has been supported during the past thirty days:

____ Works part time ____ Receiving pension(s)
____ Relatives have helped ____ Student Financial Aid
____ Worked for landlord ____ Other, Specify: _____

Please **PRINT** your name: _____

Please **SIGN** your name: _____

Telephone number during the day: _____

Your address: _____
(Street Address) (City) (State/Zip)

Date: _____

I am a: ____ Friend ____ Relative, Specify ____ Brother ____ Sister ____ Mother
____ Father ____ Other Relative

I am from an agency/organization: ____ Yes ____ No Specify: _____